

|   |  |                    |           |          |
|---|--|--------------------|-----------|----------|
| State of Alabama<br>Unified Judicial System<br>Form CS-42    Rev. 1/2022  | <b>CHILD-SUPPORT GUIDELINES</b>  | Case Number        |           |          |
| IN THE _____ COURT OF _____ COUNTY, ALABAMA<br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>(Circuit or District)</span> <span>(Name of County)</span> </div> |  |                    |           |          |
| _____ v. _____<br><div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Plaintiff</span> <span>Defendant</span> </div>                                       |  |                    |           |          |
| Children  | Date of Birth  | Children           |           |          |
|   |  |                    |           |          |
|   |  |                    |           |          |
|   |  |                    |           |          |
|   |  | Number of Children |           |          |
| Line  | Item   | Plaintiff          | Defendant | Combined |
| 1   | MONTHLY GROSS INCOME   | \$                 | \$        | \$       |
| 1a  | Minus Pre-Existing Child-Support Payments  | —                  | —         | —        |
| 1b  | Minus Pre-Existing Periodic-Alimony Payments   | —                  | —         | —        |
| 2   | MONTHLY ADJUSTED GROSS INCOME<br>(Line 1 – Line 1a – Line 1b)  | \$                 | \$        | \$       |
| 3   | PERCENTAGE SHARE OF INCOME<br>(Income on Line 2 divided by Combined Income)                              | %                  | %         | 100%     |
| 4   | BASIC CHILD-SUPPORT OBLIGATION<br>(Apply Line 2 Combined to Schedule of Basic Child-Support Obligations) |                    |           | \$       |
| 5   | WORK-RELATED CHILD-CARE COSTS (Paid by Either Parent)  | \$                 | \$        | +        |
| 6   | HEALTH-CARE-COVERAGE COSTS (Paid by Either Parent)   | \$                 | \$        | +        |
| 7   | TOTAL CHILD-SUPPORT OBLIGATION<br>(Combined Line 4 + Line 5 + Line 6)                                    |                    |           | \$       |
| 8   | EACH PARENT'S CHILD-SUPPORT OBLIGATION (Line 3 x Line 7)   | \$                 | \$        |          |
| 9   | TOTAL COSTS PAID BY EACH PARENT (Line 5 + Line 6)  | —                  | —         |          |
| 10  | EACH PARENT'S ADJUSTED CHILD-SUPPORT OBLIGATION<br>(Line 8 – Line 9. If less than \$0, enter \$0.)       | \$                 | \$        |          |
|   | <b>Self-Support Reserve (SSR) Calculation</b>  |                    |           |          |
| 11  | INCOME AVAILABLE AFTER SSR<br>(Line 2 – SSR of \$981. If less than \$0, enter \$0.)                      | \$                 | \$        |          |
| 12  | INCOME AVAILABLE FOR SUPPORT<br>(85% of Line 11. If less than \$50, enter \$50 minimum obligation.)      | \$                 | \$        |          |
|   | <b>Recommended Child-Support Order</b>   |                    |           |          |
| 13  | RECOMMENDED CHILD-SUPPORT ORDER<br>(Lesser of Lines 10 and 12)   | \$                 | \$        |          |
| Comments, Calculations, or Rebuttals to Guidelines:   |  |                    |           |          |
| Prepared By:  |  | Date:              |           |          |